Please type a plus sign (+) inside this box -> [
--

Prof/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket Number		284P2US		
		First Named Invento		STANLEY, Kevin		
		Application Number	/			
(37 CFR 1.63)						
<ul><li>Declaration</li><li>Submitted</li><li>with Initial</li><li>Filing</li></ul>			Filing Date	Filed	herewith	
	OR		Group Art Unit	<u> </u>		
	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
SELF-CORRECTING WIRELESS INERTIAL NAVIGATION SYSTEM AND METHOD						
d	(7)	itle of the Invention)				
the specification of which						
is attached hereto		an i Initad C	tatos Application N	lumber or PCT International		
or  was filed on (MM/DD/YYYY)		as onlied s	iales Application i			
		<u> </u>		(if applicable).		
Application Number	and was a	mended on (MM/DD/YY	YY)			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application	Country	Foreign Filing Date	1	Certified Copy Attached? YES NO		
Number(s)	Ovanay	(MM/DD/TTTT)	Not olumbu	120		
;						
				l		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)		te (MM/DD/YYYY)		al provisional application		
			numbers are listed on a			
		·		nental priority data sheet V02B attached hereto.		
			P10/88	VOZD alidCheu Herelo.		
	ŧ	Į.				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

					ر - الله الله في المساورة في المساورة والمساورة والمساور	
Direct all correspondence to:	ustomer Number Bar Code Label			OR Co	rrespondence address below	
Name 20577						
Address						
Address						
City			State	2	(IP	
Country	Telep	ohone		F	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVI			A petitio	on has been file	d for this unsigned inventor	
Given Name F				lame ame Stanley		
Inventor's Signature Date 12/18/01						
Residence: City Burnaby	'	State BC	c	CountryCanada	Citizenship Canadian	
Mailing Address 7626 Arvin Court 2140 Fell Ave						
Mailing Address						
City Burnaby	State British C	olumbia	ZIP-V	68327 <del>4449</del>	Country Canada	
NAME OF SECOND INVENTOR	1		A petitio	on has been file	ed for this unsigned inventor	
Given Name Q.M.			Family Name or Surname Wu			
Inventor's Signature Date Dec. 18, of						
Residence: City Vancouver		State B	3	CountryCanada		
Mailing Address 8191 Hudson Street	et					
Mailing Address		olumbi-	ZIP V6	<b>D</b> 4M2	Country Canada	
City Vancouver  Additional inventors are being named	State British C		J.,	· · · · · · · · · · · · · · · · · · ·	O/SB/02A attached hereto.	
■ □ □	u.ooup					

PTO/SB/02A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION** 

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:    A petition has been filed for this unsigned inventor						
Given Tom Name			Family Name or Surname Vanderhoek			
Inventor's Signature				DEC 19/01		
Residence: City Vancouver	State BC	Cou	intry Canada	С	itizenship Canadian	
Mailing Address Suite 1 - 224 West 14th Aver	nue					
Mailing Address	11=0 101					
city Vancouver	British StateColumbia	a ZIF	swAy\wys	Country	, Canada	
Name of Additional Joint Inventor, if any:						
Given Name			mily Name Surname	_ <del></del>		
Inventor's			_		Date	
Signature  Residence: City	State	Co	untry		Citizenship	
Mailing Address			All productions and the second			
Mailing Address						
	State	z	IP	Country	y	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Family Name or Surname						
Name Inventor's					Date	
Signature  Residence: City	State		Country		Citizenship	
Residence: City  Mailing Address	- CMIC					
Mailing Address						
	State		ZIP	Co	ountry	
City	- Julie -		411			

Burden Hour Statement This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.